**HOTELBOOKING**

**!!! This form must be returned until 15.01.2016!!!**

**To: Gretchen Ewen and Siegfried Schöberl (Organizing Committee)** Unterer Kirchberg 3, 7100 Neusiedl am See / Austria

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|  |  |
| --- | --- |
| Nation / Federation / Club |  |
| Single room | **Name** | **First name** | **Room is needed****suitable for wheelchairs** | **Arrival** | **Departure** | **Number of nights** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| Double room | **Name** | **First name** | **Room is needed****Suitable for wheelchairs** | **Arrival** | **Departure** | **Number of nights** |
| 1 |  |  |  |  |  |  |
|  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
|  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
|  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
|  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
|  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
|  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
|  |  |  |  |  |  |
| Triple room | **Name** | **First name** | **Room is needed****Suitable for wheelchairs** | **Arrival** | **Departure** | **Number of nights** |
| 1 |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Date: Stamp / Signature:**